



## Issues for debate

## Interprofessional education: Partnerships in the educational process

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## ABSTRACT

The curriculum for healthcare professionals is primarily dictated by the demands of the specific discipline. Detailed curricula are essential to develop professional healthcare providers such as nurses, physicians and pharmacists. Traditional educational methods created a system or process where professionals operate in isolation from each other. A siloed structure inhibits effective communication, patient-centered care and safety. Today the focus in healthcare has shifted towards a more patient-centeredness approach using interprofessional collaboration to achieve optimal patient outcomes. Nurses are at the forefront of patient care and play a key role in quality patient care and improved patient outcomes. Interprofessional education is one type of academic strategy that nursing educators can incorporate into educational curricula.

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## Introduction

Today's fast paced healthcare is placing many demands on healthcare professionals. Patients are living longer with multiple co-morbidities, requiring complex clinical management. Currently the life expectancy in the United States is 78.7 years, and more than fifty percent of all deaths each year are from chronic heart disease, cancer and stroke (Center for Disease Control and Prevention, 2010). The multifaceted medical regimens and increased patient acuity levels requires collaboration and communication between all of levels of healthcare providers.

The acute care and community settings rely on an interdisciplinary team of providers. Patient-centered models are essential because of its focus on the whole-person and integration of all aspects of healthcare, which offer the potential to improve physical health, behavioral health, access to community-based social services, and management of chronic conditions (National Conference of State Legislatures, 2012). The coordination of care is required between disciplines for best patient outcomes. Healthcare reform mandates the implementation of initiatives aimed at improving the quality and efficiency of patient care, and the application of clinical interventions according to the Center of Medicaid Services' guidelines (American Public Health Association, 2012).

The prevalence of chronic illnesses and co-morbidities in the United States requires an interdisciplinary approach and collaboration to manage health. Nursing plays a key role in the coordination and integration of care and services from multiple providers (Robson, 2012, p. 2). Working in teams is an essential skill to provide the best patient outcome. Effective communication is an important aspect of patient safety and interprofessional education may help to remove possible silos between professions and facilitate increased coordinated care.

Interprofessional education (IPE) is defined as a shared learning experiences among health profession students across disciplines, with the goals of professional identification, the edification of strong clinical teams and the improvement health outcomes (Thistlewaite, 2012). The goal of interprofessional learning is to prepare all health professions students for deliberately working together with the common goal of building a safer and better patient-centered care (Interprofessional Education Collaborative, 2013). The aim of this article is to consider interprofessional education as a possible next step towards enhancing nursing educational curricula.

## Background

The interprofessional education (IPE) and interprofessional teamwork movement are not new concepts in health care; these concepts began over half a century ago. A needed change to medical education was identified by Silver (1968) with the advocacy of a team approach for preventative family care, the IPE movement

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continued with Szasz (1969) developing a plan to better integrate members of the health care team and finally with the Institute of Medicine (IOM, 1972) first report, titled *Educating for the Health Team*. This IOM report (1972) discussed the imperative to develop significant relationships between educational programs for the health professions. Over two decades later, the Pew Commission (1998) identified the need for interprofessional teamwork as one of 21 essential competencies. In the 21-century the IOM reported on health education (2003) and the future of nursing (2010) each of these reports call for health professionals to develop interprofessional competency and the necessity for interdisciplinary practice to be incorporated into educational models. The call for reform continued in 2011 by the Interprofessional Education Collaborative (IPEC) with its release of the *Core Competencies for Interprofessional Collaborative Practice*. The emphasis of IPEC endeavors was to detail the critical elements for circular development for teamwork and collaborations across various healthcare professionals. The main goal is to educate health professionals to become teams and provide team-based quality care to improve the safety of patient care.

Patient safety became a central concern in health care with the Institute of Medicine's (IOM) landmark report, *To Err Is Human* (1999), noting an estimated 98,000 deaths due to medical errors that could have been prevented. The quality of healthcare was addressed in the IOM report (2001), *Crossing the Quality Chasm: a new health system for the 21st century*. This report called for a redesign of healthcare in order to reduce risk, assure safety and to institute systems or processes that help prevent and mitigate errors. Members of the healthcare team are to actively work together and communicate to ensure an appropriate exchange of information and coordination of care. Therefore, the importance of adequately preparing the workforce to make a smooth transition into a thoroughly revamped healthcare system cannot be underestimated (IOM, 2001, p.6). Interprofessional education can become the standard in teaching collaborative practice and develop efficient team dynamics that are vital to patient safety.

The traditional curriculum for physicians, nurses, and other members of the health care team directly focus on specific discipline content with clinical experiences for theory application. Discipline specific clinical practicums currently promote parallel practice and do not ensure the development of team building skills or collaborative practice. The scarcity of interprofessional education results in underlying confusion of each profession's roles in patient care and can promote "tribalism" (Carlisle et al., 2004). The coordination of patient care does not solely involve the independent actions of one healthcare discipline.

Academic programs have begun to incorporate interprofessional education into academic curricula but the outcomes in relationship to the level of engagement remains to be formally evaluated. "Although individual and organizations are becoming increasingly involved in promoting or implementing IPE, it is important to recognize that there is a continuum of engagement in IPE which can range from asking students to read about roles of other professional, to a fully integrated, co-created curriculum that embeds and models the philosophy of IPE in everything it does" (Barnsteiner et al., 2007, p. 148). The National League of Nursing Accreditation Commission and the Commission on Collegiate Nursing Education have recently required the inclusion of IPE into all levels of nursing programs, unfortunately consensus for a model has yet to emerge and current modalities remain insufficient (National League for Nursing (NLN), 2012).

### Nursing education

The nursing profession has a central position in patient care. A reform of nursing educational model is not new to the profession.

The Flexner Report (1910) first identified the imperative to reform the medical education system and similarly the Goldmark report helped to revolutionize nursing education (Garling, 1985). The call for education reform continues to reverberate today.

The Carnegie Foundation report, *Educating Nurses a Call for Radical Transformation* connotes the urgency for educational redesign as a social imperative to meet the profound changes in nursing practice and healthcare (Benner et al., 2010). Traditionally, academia concentrates on the socialization of nursing to role distinctiveness, rather than professional development. Nursing education must make more intentional use of these transformational experiences, focusing on the formation of professional identity rather than on socialization (Benner et al., 2010). According to *The Future of Nursing Leading Change and Advancing Health*, nurses are to become full partners with physicians and other healthcare professionals, in redesigning healthcare (IOM, 2010). The coordination of care requires nurses to have a skill set to help coordinate and lead the team in patient care management. Interprofessional learning is essential in order to enhance team collaboration and communication and acknowledged as a high priority for patient safety (Liaw et al., 2013). As previously mentioned teamwork and collaboration among healthcare professions is vital for safe and effective healthcare.

The current climate of patient safety demands that nurses make prudent clinical decisions and understand overall team dynamic for best patient outcomes. Patients across the health care continuum are vulnerable and rely on the nurse's knowledge and ability to make prudent clinical decisions while interacting with multiple professions. Nurses are at the center of patient care, promoting continuity of care and increased patient safety among many different health professionals.

Recently, the American Association Colleges for Nursing became an active partner in IPEC to promote communal, patient-centered care. An interdisciplinary expert panel was comprised of the following professional organizations: the American Association of Colleges of Nursing, the American Association of Colleges of Osteopathic Medicine, the American Association of Colleges of Pharmacy, the American Dental Education Association, the Association of American Medical Colleges, and the Association of Schools of Public Health. The panel established IPE competencies in alignment with the IOM's competencies for healthcare professionals. These four core competencies are: 1) values and ethics for interprofessional practice, 2) roles and responsibilities, 3) communication and 4) team and teamwork (Interprofessional Education Collaborative, 2011). With the goal being to accelerate the movement toward truly interprofessional education and practice, IPEC is working to heighten collaboration among all providers to advance high quality, integrated healthcare delivery," (American Association of Colleges of Nursing, 2012, para. 2). The report documented academic exemplars of interprofessional education and detailed theoretical frameworks among interdisciplinary health care professionals.

IPE fosters interdisciplinary learning in a corresponding manner. The Cochrane Collaboration (2013) defined interdisciplinary instruction as:

"An IPE intervention occurs when members of more than one health and/or social care profession learn interactively together, for the explicit purpose of improving interprofessional collaboration and/or the health/well-being of patients/clients. Interactive learning requires active exchange between learners of different professions",

(Zwarenstein, Reeves, Barr, Hammick, Koppel, Atkins, p.6).

Role comprehension, effective communication and building team dynamics are central components of interprofessional

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